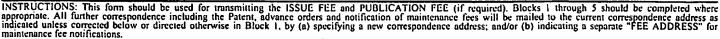
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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indicated unless correct maintenance fee notifica	ed below or directed otl	herwise in Block I, by (a	a) specifying a new corres	pondence address; and	Vor (b) indicating a sep	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 46296 7590 12/07/2006 NOTE CHANGE OF ADDRESS: IBM Corporation Intellectual Property Law Dept. 917/Bldg. 006-1				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailling or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
	Minnesota 55901-78	829 RAP				(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.	
10/733,959 TITLE OF INVENTION	12/11/2003 I: APPARATUS AND M	IETHOD FOR ESTIMAT	Abdo Esmail Abdo FING CARDINALITY WH		ROC920020192US1 PRESENT	8764	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	S0	\$1700	03/07/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
LE, MICHAEL 216:			707-100000	•			
CFR 1.363). Change of corresp Address form PTO/S Fee Address" ind PTO/SB/47; Rev 03-6	ence address or indication condence address (or Cha B/122) attached. lication (or "Fee Address D2 or more recent) attack	ange of Correspondence	(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a	the name of a single firm (having as a member a stered attorney or agent) and the names of up to			
Number is required. 1. ASSIGNEE NAME A		A TO BE PRINTED ON	listed, no name will be THE PATENT (print or typ	a)			
PLEASE NOTE: Un	less an assignee is ident	ified below, no assignee		atent. If an a signification	1400.00 DA identified John Compa	document has been filed for	
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	and STATE OR COU	NTRY)		
INTERNATION	AL BUSINESS MA	ACHINES CORPOR	ATION, Armonk,	New York 10	504		
Please check the appropr	riate assignee category or	r categories (will not be pr	rinted on the patent):	Individual XX Corpo	ration or other private gr	roup entity Government	
	are submitted: No small entity discount p	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0465 (enclose an extra copy of this form).				
	ns SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no long				
NOTE: The Issue Fee an interest as shown by the	nd Publication Fee If req records of the United Sta	uired) will not be accepte	d from anyone other than the fice.	he applicant; a register	ed attorney or agent; or t	the assignee or other party in	
Authorized Signature	X to C	J. JUL	<u>, </u>	Date Jan	uary 30, 2007	·	
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